				HEALTH AND WE	ELFARE					/3.7			001.0			
AMENDED			R	Registration District No. 2 Registrat's No. 133									STATE FILE NUMBER			
				PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE M.S. GROSSIND. COUNTY Doss of admission)										
AMENDED	i		_	b. CITY (If outside co	Green		() Length	of stay in 1b	c. CITY	<u>ssouri</u>	1	<u>)ougla</u>	<u> </u>	nside Limit		
				TOWN Sprin		• · · · · · · · · · · · · · · · · · · ·	آب ا	_	OR TOWN	A = = = = = = = = = = = = = = = = = = =				s 🗷 No		
[₹	1		- -	c. FULL NAME OF (If	NOT in hospital, give	e location)		days Inside Limits	d. STREET		LSSOUI (If outside, g			side on Fa		
DATE				HOSPITAL OR	Sp r ingfie		tist	Yes≰ No 🗆	ADDRESS				Yes			
		1	3	NAME OF DECEASED	First		Middle	<u>.</u>	Lest	4. DATE	Mor		Day	Year		
				(Type or print)				Barne		OF DEATH	Jan. 22,		1962			
			5	. sex Male	6. COLOR OR RAG		arried ∰ Nev lowed □	ver Married Divorced	8. DATE OF BIR		ist birthday)	Months 1		OUTS A		
			-10	a. USUAL OCCUPATION			ND OF BUSINES	SS OR INDUSTRY	Y 11. BIRTHPLAC	· 1	or country)	12. CITIZE	EN OF WHA	AT COUNT		
				during most of working Chief H	ng life, even if retire Engineer	Milk P	lant		Smalle	tt, Mis	ssouri	τ	JSA			
				a. FATHER'S NAME	HIS THE CT.	1		MAIDEN NAM			NAME OF I	HUSBAND OF				
				George W.				ne Joh				Barne	es			
				. WAS DECEASED EVER ديريام, or unknown) [(If	R IN U.S. ARMED FOR		16. SOCIAL S	SECURITY NO.	17. INFORMANT		_	Address				
				res i	M.M.OIIE	;		_	Noma E	Barnes,	Ava.	Misso		(A) DETIM		
		ı≒∎	l I	18. CAUSE OF DEATH	l (Enter only one caus								INTERV	VAL BETWI		
		面		PART I.	DEATH WAS CAUSE	ED BY:	_		ο.	0 · 0	1		ONSET	AND DEA		
EAD OF		CUMENI		PART I.	DEATH WAS CAUSE	ED BY:	mi	go co	-di	ling	ate		ONSET	day!		
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INST		DOCUMEN	ATION	Condition which go above stating lying c	DEATH WAS CAUSE IMMEDIATE CAU ons, if any, pave rise to cause (a), the under- tause last. Due	TO (b)	NS CONTRIBUTION	TING TO DEAT	H but not related	head to the termina	Cina PART	there a	assed was pregnancy	f AND DEA		
INSTEAD OF		DOCUMEN	IFICATION	Condition which go above stating lying compart is	DEATH WAS CAUSE IMMEDIATE CAUSE DOTAGE (a), the under- cause last. DUE OTHER SIGNIFICA disease condition g	TO (b) TO (c) ITO (c) ITO (c) ITO (c)	(e)					there a	assed was pregnancy	female in last 90		
INST		DOCUMEN	CERTIFICATION	Condition which go above stating lying c	DEATH WAS CAUSE IMMEDIATE CAUSE DOTAGE TO THE CAUSE DUE TO THER SIGNIFICA disease condition g	TO (b) TO (c) INT CONDITION TO PART I	(e)		H but not related			there a	assed was pregnancy	female in last 90		
AD		DOCUMEN	L CERTIFI	Condition which go above stating lying condition PART II	DEATH WAS CAUSE IMMEDIATE CAL DOTA, if any, pave rise to cause (a), the under- cause last. DUE DUE OTHER SIGNIFICA disease condition g 20a. ACCIDENT Significant Signific	ISE (a) TO (b) TO (c) NOT CONDITION Siven in PART I	NCIDE 206					there a	assed was pregnancy	female in last 90		
EAD		DOCUMEN		Condition which go above stating lying compared to the compare	DEATH WAS CAUSE IMMEDIATE CAL Dons, if any, pave rise to cause (a), the under- ause last. DUE OTHER SIGNIFICA disease condition g 20a. ACCIDENT Significant Si	TO (b) TO (c) NT CONDITION Siven in PART I	NICIDE 206	o. DESCRIBE HO	W INJURY OCCUR	RED. (Enter natur		PART I or P	assed was pregnancy	female in last 90		
INST		DOCUMEN	L CERTIFI	Condition which gabove stating lying compart is performed? 19. WAS AUTOPSY PERFORMED? YES NO 1	DEATH WAS CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE INTER SIGNIFICA INTER	TO (b) TO (c) TO (c) TO (c) TO (c) TO (c) TO CONDITION TO CONDITI	NICIDE 206	about home,		RED. (Enter natur		there a	assed was pregnancy	female in last 90		
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READ		DOCUMEN	L CERTIFI	Condition which go above stating lying of PART II 19. WAS AUTOPSY PERFORMED? YES IN NO 11 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRING WHILE AT WORK	DEATH WAS CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE INTERPRETATION IMMEDIATE CAUSE INTERPRETATION INTERPRETA	TO (b) TO (c) TO (c) TO (c) TO (c) TO (c) TO CONDITION TO CONDITI	AICIDE 20E	about home, (dg., etc.)	W INJURY OCCUR	OR LOCATION	e of injury in	PART I or P	asted was pregnancy No ART II of i	female in last 90		
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with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

TED SON OF NOT

STATEMENT. BY LICENSED EMBALMER

or by_									recorded on the reverse side of this certificate was embalmed by me,						
vorking	g unde	r my	person	al supe	ervis	ion.					محصد	e.	en 1	///-	
itudent	Signature of Student Embalmer								_ Si	gned	\ <u> </u>	er ?	s ISi	· / /	
												Lic	ensed Embalmer No.	3802	
												₽.	O. Address	mffeld,	
	Note:	The	above	MUST	BE	SIGNED	BY	THE	LICENSED	EMBALMER	in	his O	WN HANDWRITING.	(Failure to comply	